



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Santiago	Alexander	C	808-383-9032
MAILING ADDRESS (Street)			FAX
P.O. Box 327			
(City)	(State)	(Zip Code)	
Waianae	Hi	96792	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Case Management Council	808-676-1192	
MAILING ADDRESS (Street)	FAX	
94-229 Waipahu Depot St. suite 502	808-676-1193	
(City)	(State)	(Zip Code)
Waipahu	Hi	96797
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Donna Schmitt, LCSW	808-676-1192	
MAILING ADDRESS (Street)	FAX	
Same As Above	808-676-1193	
(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Alexander C. Parodiago
(Signature of Lobbyist)

5/4/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<u>Donna Schmidt, President</u>			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
<u>Case Management Council</u>		<u>808-676-1192</u>	
MAILING ADDRESS (Street)		FAX	
<u>94-229 Wai'paha Depot St. Suite 502</u>		<u>808 676 1193</u>	
(City)	(State)	(Zip Code)	
<u>Wai'paha</u>	<u>Hi</u>	<u>96797</u>	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u>Donna Schmidt</u> (Signature of Authorizing Officer or Person Represented)		<u>5/4/05</u> (Date)	